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APPLICANTS

Igor A. Krichtafovitch, Kirkland, WA;  
 Jacob Oharah, Bothell, WA;  
 John Thompson, Mukilteo, WA;

\*\* CONTINUING DATA \*\*\*\*\*  
*None A2*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None A2*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>A2</i> Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
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ADDRESS

Michael J. Strauss  
 Fulbright & Jaworski L.L.P.  
 801 Pennsylvania Avenue, N.W.  
 Washington, DC  
 20004

TITLE

Corona discharge electrode and method of operating the same

FILING FEE  RECEIVED 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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